

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON  
PORTLAND DIVISION

In Re:	§	
	§	
Impact Medical, LLC	§	Case No. 15-31606-dwh7
	§	
Debtor	§	

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**TRUSTEE'S FINAL REPORT (TFR)**

The undersigned trustee hereby makes this Final Report and states as follows:

1. A petition under chapter of the United States Bankruptcy Code was filed on 04/02/2015 . The case was converted to one under Chapter 7 on 02/16/2016 . The undersigned trustee was appointed on 02/16/2016 .

2. The trustee faithfully and properly fulfilled the duties enumerated in 11 U.S.C. §704.

3. All scheduled and known assets of the estate have been reduced to cash, released to the debtor as exempt property pursuant to 11 U.S.C. § 522, or have been or will be abandoned pursuant to 11 U.S.C. § 554. An individual estate property record and report showing the disposition of all property of the estate is attached as **Exhibit A**.

4. The trustee realized gross receipts of \$ 62,500.00

Funds were disbursed in the following amounts:

Payments made under an interim disbursement	0.00
Administrative expenses	6,010.56
Bank service fees	1,169.92
Other payments to creditors	0.00
Non-estate funds paid to 3 <sup>rd</sup> Parties	0.00
Exemptions paid to the debtor	0.00
Other payments to the debtor	0.00

Leaving a balance on hand of<sup>1</sup> \$ 55,319.52

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<sup>1</sup> The balance of funds on hand in the estate may continue to earn interest until disbursed. The interest earned prior to disbursement will be distributed pro rata to creditors within each priority category. The trustee may receive additional compensation not to exceed the maximum compensation set forth under 11 U.S.C. §326(a) on account of the disbursement of the additional interest.

The remaining funds are available for distribution.

5. Attached as **Exhibit B** is a cash receipts and disbursements record for each estate bank account.

6. The deadline for filing non-governmental claims in this case was 06/15/2016 and the deadline for filing governmental claims was 06/15/2016 . All claims of each class which will receive a distribution have been examined and any objections to the allowance of claims have been resolved. If applicable, a claims analysis, explaining why payment on any claim is not being made, is attached as **Exhibit C**.

7. The Trustee's proposed distribution is attached as **Exhibit D**.

8. Pursuant to 11 U.S.C. § 326(a), the maximum compensation allowable to the trustee is \$ 6,375.00 . To the extent that additional interest is earned before case closing, the maximum compensation may increase.

The trustee has received \$ 0.00 as interim compensation and now requests a sum of \$ 6,375.00 , for a total compensation of \$ 6,375.00 <sup>2</sup>. In addition, the trustee received reimbursement for reasonable and necessary expenses in the amount of \$ 0.00 , and now requests reimbursement for expenses of \$ 1,122.53 , for total expenses of \$ 1,122.53 <sup>2</sup>.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Date: 08/09/2018 By: /s/AMY MITCHELL  
Trustee

**STATEMENT:** This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

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<sup>2</sup> If the estate is administratively insolvent, the dollar amounts reflected in this paragraph may be higher than the amounts listed in the Trustee's Proposed Distribution (Exhibit D).

**FORM 1**  
**INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT**  
**ASSET CASES**

Exhibit A

Case No: 15-31606 DWH  
Case Name: Impact Medical, LLC

Judge: David W. Hercher

Trustee Name: AMY MITCHELL

Date Filed (f) or Converted (c): 02/16/2016 (c)

341(a) Meeting Date: 03/17/2016

For Period Ending: 08/09/2018

Claims Bar Date: 06/15/2016

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Est Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. Financial Accounts  Wells Fargo Bank (DIP account)	0.00	0.00		0.00	FA
2. Accounts Receivable  Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$300.	470.00	470.00		300.00	FA
3. Stock  Parcus Medical Stock 20 units of stock Liquidation value appears to be limited due to restrictions on sale of privately held stock. Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$3,190.	40,837.00	5,000.00		3,190.00	FA
4. Inventory  Debtor estimates \$120k. Several items appear to be obsolete. Approx. 8 full trays, remainder is loose/wrapped pieces. Liquidation value estimated at \$85k. Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$54,225.	Unknown	85,000.00		54,225.00	FA
5. Intellectual Property  510k FDA Clearance for product sales Needs to be brought current (some grace period). Limited resale value. Estimated at \$5,000 (reflects costs to bring current). Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$3,190.	Unknown	5,000.00		3,190.00	FA

**FORM 1  
INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT  
ASSET CASES**

Exhibit A

Case No:	15-31606	DWH	Judge:	David W. Hercher	Trustee Name:	AMY MITCHELL
Case Name:	Impact Medical, LLC				Date Filed (f) or Converted (c):	02/16/2016 (c)
					341(a) Meeting Date:	03/17/2016
For Period Ending:	08/09/2018				Claims Bar Date:	06/15/2016

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Est Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
6. Intellectual Property  Customer contracts and lists Limited value (orthopedic surgeons are known, public info) Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$320.	Unknown	500.00		320.00	FA
7. Intellectual Property  DVT SST machine FDA clearance not yet obtained Limited value - would take significant investment to obtain approval. Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$320.	Unknown	500.00		320.00	FA
8. Office Equipment  Misc. office furniture and computer equipment Trustee estimates value \$1,500, before costs of sale. Included in multi-asset sale for \$62,500. For accounting purposes, amount allocated to this asset is \$955.	2,000.00	1,500.00		955.00	FA
9. Note Receivable  Shareholder loan to EJ Duffy - disputed Per Mr. Duffy, this reflects withdrawals from company, but is not offset with deposits (\$250k). Mr. Duffy indicates this was not booked as loan and was added into schedules at UST request. Does not appear to be an actionable loan.	25,062.72	0.00		0.00	FA

**FORM 1  
INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT  
ASSET CASES**

Exhibit A

Case No: 15-31606 DWH Judge: David W. Hercher Trustee Name: AMY MITCHELL  
Case Name: Impact Medical, LLC Date Filed (f) or Converted (c): 02/16/2016 (c)  
341(a) Meeting Date: 03/17/2016  
For Period Ending: 08/09/2018 Claims Bar Date: 06/15/2016

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Est Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a)	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
10. Preference (u)  Payments to EJ Duffy Salary and expense reimbursement. Most payments were not treated as salary (guaranteed payments). It appears they were designated as expense reimbursement and then unspecified payments, which could be considered loan payments for amounts loaned by Mr. Duffy to the Debtor. In one year prior to filing, total amounts paid to Mr. Duffy were \$37,016.13, including approx. \$11,121 designated as expense reimbursement. During the same period, Mr. Duffy transferred a total of \$87,850 to the Debtor. There appear to be defenses. Payments do not appear to be preferential transfers.	0.00	0.00		0.00	FA
11. Transfer (u)  Possible transfer to insiders (Duffy) The payments listed at Asset #10 appear to be defensible transfers. Additional amounts were paid to Mr. Duffy outside the 1-year preference period. In the two years prior to filing, the Debtor paid a total of \$213,222 to Mr. Duffy, including expense reimbursements. Mr. Duffy transferred a total of \$305,200 to the Debtor during the same period. Debtor paid health insurance premiums that covered Mr. Duffy and his wife. Does not appear to be unreasonable expense and there was value provided by Mr. Duffy in exchange, as well as transfers of funds. After consideration of defenses, there do not appear to be actionable transfers.	Unknown	0.00		0.00	FA

	Gross Value of Remaining Assets			
TOTALS (Excluding Unknown Values)	\$68,369.72	\$97,970.00	\$62,500.00	\$0.00
			(Total Dollar Amount in Column 6)	

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

Exhibit A

Initial Projected Date of Final Report (TFR): 12/15/2017

Current Projected Date of Final Report (TFR): 07/01/2018

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No: 15-31606  
Case Name: Impact Medical, LLC

Trustee Name: AMY MITCHELL  
Bank Name: Union Bank  
Account Number/CD#: XXXXXX7635  
Checking

Exhibit B

Taxpayer ID No: XX-XXX2035  
For Period Ending: 08/09/2018

Blanket Bond (per case limit): \$78,753,461.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account/CD Balance (\$)
05/27/16		Impact Medical Partners, LLC	Asset sale proceeds		\$62,500.00		\$62,500.00
			Gross Receipts \$62,500.00				
	2		Accounts Receivable \$300.00	1121-000			
	3		Stock \$3,190.00	1129-000			
	4		Inventory \$54,225.00	1129-000			
	5		Intellectual Property \$3,190.00	1129-000			
	6		Intellectual Property \$320.00	1129-000			
	7		Intellectual Property \$320.00	1129-000			
	8		Office Equipment \$955.00	1129-000			
07/25/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$86.66	\$62,413.34
08/25/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$92.61	\$62,320.73
09/26/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$92.48	\$62,228.25
10/25/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$89.37	\$62,138.88
11/25/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$92.21	\$62,046.67
12/27/16		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$89.11	\$61,957.56
01/25/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$91.95	\$61,865.61

**FORM 2**  
**ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD**

Case No: 15-31606  
Case Name: Impact Medical, LLC

Trustee Name: AMY MITCHELL  
Bank Name: Union Bank  
Account Number/CD#: XXXXXX7635  
Checking

Exhibit B

Taxpayer ID No: XX-XXX2035  
For Period Ending: 08/09/2018

Blanket Bond (per case limit): \$78,753,461.00  
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account/CD Balance (\$)
02/27/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$92.06	\$61,773.55
03/27/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$83.04	\$61,690.51
04/25/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$91.79	\$61,598.72
05/12/17	101	International Sureties Ltd. 701 Poydras St., Suite 420 New Orleans, LA 70139	Bond Premium	2300-000		\$23.64	\$61,575.08
05/25/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$88.71	\$61,486.37
06/26/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$91.51	\$61,394.86
07/25/17		Union Bank	Bank Service Fee under 11 U.S.C. § 330(a)(1)(B), 503(b)(1), and 507(a)(2)	2600-000		\$88.42	\$61,306.44
04/17/18	102	International Sureties Ltd. 701 Poydras St., Suite 420 New Orleans, LA 70139	Bond Premium	2300-000		\$19.42	\$61,287.02
04/20/18	103	Bennington & Moshofsky PC 4800 SW Griffith Dr., Suite 350 Beaverton, OR 97005	Accountant Fees and Expenses Per Order 4/13/18			\$5,967.50	\$55,319.52
		Bennington & Moshofsky PC	(\$5,949.00)	3210-000			
		Bennington & Moshofsky PC	(\$18.50)	3420-000			

COLUMN TOTALS	\$62,500.00	\$7,180.48
Less: Bank Transfers/CD's	\$0.00	\$0.00
Subtotal	\$62,500.00	\$7,180.48
Less: Payments to Debtors	\$0.00	\$0.00
Page Subtotals:	\$0.00	\$6,546.09

Net

\$62,500.00

\$7,180.48

Exhibit B

Exhibit B

TOTAL OF ALL ACCOUNTS			
	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCE
XXXXXX7635 - Checking	\$62,500.00	\$7,180.48	\$55,319.52
	\$62,500.00	\$7,180.48	\$55,319.52
	(Excludes account transfers)	(Excludes payments to debtors)	Total Funds on Hand
Total Allocation Receipts:	\$0.00		
Total Net Deposits:	\$62,500.00		
Total Gross Receipts:	\$62,500.00		

Exhibit C  
ANALYSIS OF CLAIMS REGISTER

Case Number: 15-31606-dwh7

Date: August 9, 2018

Debtor Name: Impact Medical, LLC

Claims Bar Date: 6/15/2016

Code #	Creditor Name And Address	Claim Class	Notes	Scheduled	Claimed	Allowed
100 2100	Amy Mitchell P.O. Box 2289 Lake Oswego, OR 97035	Administrative		\$0.00	\$6,375.00	\$6,375.00
100 2200	Amy Mitchell P.O. Box 2289 Lake Oswego, OR 97035	Administrative		\$0.00	\$1,122.53	\$1,122.53
10 100 2950	United States Trustee 620 SW Main Street Suite 213 Portland, OR 97205	Administrative	ADMIN	\$0.00	\$651.19	\$651.19
18A 100 3210	Bennington & Moshofsky PC 4800 SW Griffith Dr., Suite 350 Beaverton, OR 97005	Administrative		\$0.00	\$5,949.00	\$5,949.00
18B 100 3420	Bennington & Moshofsky PC 4800 SW Griffith Dr., Suite 350 Beaverton, OR 97005	Administrative		\$0.00	\$18.50	\$18.50
12A 150 6210	Motschenbacher & Blattner LLP Attn: Nicholas Henderson 117 Sw Taylor Street Suite 300 Portland, Or 97204	Administrative	CH 11 ADMIN	\$0.00	\$33,896.50	\$33,896.50
12B 150 6220	Motschenbacher & Blattner LLP Attn: Nicholas Henderson 117 Sw Taylor Street Suite 300 Portland, Or 97204	Administrative	CH 11 ADMIN	\$0.00	\$2,061.85	\$2,061.85
17 150 6820	ODR BKC PO Box 14725 Salem, OR 97309	Administrative	CH 11 ADMIN	\$0.00	\$158.33	\$158.33

Exhibit C  
ANALYSIS OF CLAIMS REGISTER

Case Number: 15-31606-dwh7

Date: August 9, 2018

Debtor Name: Impact Medical, LLC

Claims Bar Date: 6/15/2016

Code #	Creditor Name And Address	Claim Class	Notes	Scheduled	Claimed	Allowed
16B 150 6990	Sarah Burkitt 718 NW 118th Suite 102 Portland, OR 97229	Administrative	Ch. 11 Admin Wage Claim: Gross distribution on claim = \$26,296.96 Fed W/H (22%) = \$5,785.33 SS-Employee (6.2%) = \$1,630.41 Medicare-Employee (1.45%) = \$381.31 OR W/H (9%) = \$2,366.73 OR TTax (.1%) = \$26.30 Net Payment = \$16,106.88	\$0.00	\$45,499.97	\$45,499.97
1 300 7100	Medin Corporation Coface North America Insurance Co 50 Millstone Rd Bldg 100 #360 East Windsor, Nj 08520	Unsecured		\$3,068.90	\$3,068.90	\$3,068.90
2 300 7100	IRS PO Box 7317 Philadelphia PA 19101	Unsecured	Amended to \$0	\$0.00	\$0.00	\$0.00
3 300 7100	Finishing Innovations 5100 Wheelis Dr., #210 Memphis, TN 38117	Unsecured		\$1,343.04	\$1,343.04	\$1,343.04
4 300 7100	United Parcel Service C/O Receivable Management Services ("Rms P.O. Box 4396 Timonium, Md 21094	Unsecured		\$827.38	\$827.38	\$827.38
5 300 7100	Custom Wire Technologies Inc C/O Katherine M Omalley 1000 North Water St #1700 Milwaukee, Wi 53202	Unsecured		\$10,509.90	\$10,509.90	\$10,509.90
6 300 7100	Tigard Sub LLC C/O Joel Parker 1211 SW 5Th Ave Suite 1900 Portland OR 97204	Unsecured	10110 SW Nimbus, Suite B6	\$15,126.75	\$15,126.75	\$15,126.75
7 300 7100	Dr. Richard Edelson C/O Douglas R. Pahl Perkins Coie Llp 1120 N.W.Couch St., 10Th Fl. Portland, Or 97209	Unsecured	Promissory note	\$307,526.19	\$307,526.19	\$307,526.19

Exhibit C  
ANALYSIS OF CLAIMS REGISTER

Case Number: 15-31606-dwh7

Date: August 9, 2018

Debtor Name: Impact Medical, LLC

Claims Bar Date: 6/15/2016

Code #	Creditor Name And Address	Claim Class	Notes	Scheduled	Claimed	Allowed
8 300 7100	Knight Mechanical Testing Llc 3205 Clairmont Court Suite B Fort Wayne, In 46808	Unsecured		\$19,690.00	\$19,690.00	\$19,690.00
9 300 7100	Minimachine 63003 Plateau Dr. Bend, Or 97701	Unsecured		\$20,587.43	\$20,587.43	\$20,587.43
11 300 7100	Finishing Innovations, Llc 5101 Wheelis Drive Suite 210 Memphis, Tn 38117-4536	Unsecured	appears to duplicate #3 - object if distribution to unsecured, non-priority	\$0.00	\$1,342.56	\$1,342.56
13 300 7100	PAQISM International West Gohad Pur,51360 Sialkot Pakistan.	Unsecured		\$2,300.00	\$4,500.00	\$4,500.00
14 300 7100	Impact Medical Partners,Llc Po Box 25421 Portland, Or 97298	Unsecured	If distribute to unsecured, obj - duplicate of #13 (creditor entered debtor entity name, not own name on electronic POC filing). USBC unable to strike document.	\$0.00	\$4,500.00	\$4,500.00
15 300 7100	NW NATURAL 220 NW 2nd Ave Portland, OR 97209	Unsecured		\$146.60	\$146.60	\$146.60
16A 300 7100	Sarah Burkitt 718 NW 118th Suite 102 Portland, OR 97229	Unsecured	non-Admin	\$36,667.00	\$30,333.31	\$30,333.31
Case Totals				\$417,793.19	\$515,234.93	\$515,234.93

Code#: Trustee's Claim Number, Priority Code, Claim Type (UTC)

## TRUSTEE'S PROPOSED DISTRIBUTION

Exhibit D

Case No.: 15-31606-dwh7

Case Name: Impact Medical, LLC

Trustee Name: AMY MITCHELL

Balance on hand \$ 55,319.52

Claims of secured creditors will be paid as follows:

NONE

Applications for chapter 7 fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Trustee Fees: Amy Mitchell	\$ 6,375.00	\$ 0.00	\$ 6,375.00
Trustee Expenses: Amy Mitchell	\$ 1,122.53	\$ 0.00	\$ 1,122.53
Attorney for Trustee Fees: Bennington & Moshofsky PC	\$ 5,949.00	\$ 5,949.00	\$ 0.00
Accountant for Trustee Expenses: Bennington & Moshofsky PC	\$ 18.50	\$ 18.50	\$ 0.00
Fees: United States Trustee	\$ 651.19	\$ 0.00	\$ 651.19

Total to be paid for chapter 7 administrative expenses \$ 8,148.72

Remaining Balance \$ 47,170.80

Applications for prior chapter fees and administrative expenses have been filed as follows:

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Prior Chapter Other State or Local Taxes: ODR BKCY	\$ 158.33	\$ 0.00	\$ 91.51
Prior Chapter Attorney for Trustee/DIP Expenses (Other Firm): Motschenbacher & Blattner LLP	\$ 2,061.85	\$ 0.00	\$ 1,191.66

Reason/Applicant	Total Requested	Interim Payments to Date	Proposed Payment
Prior Chapter Attorney for Trustee/DIP Fees (Other Firm): Motschenbacher & Blattner LLP	\$ 33,896.50	\$ 0.00	\$ 19,590.67
Other Prior Chapter Administrative Expenses: Sarah Burkitt	\$ 45,499.97	\$ 0.00	\$ 26,296.96

Total to be paid for prior chapter administrative expenses \$ 47,170.80

Remaining Balance \$ 0.00

In addition to the expenses of administration listed above as may be allowed by the Court, priority claims totaling \$ 0.00 must be paid in advance of any dividend to general (unsecured) creditors.

Allowed priority claims are:

NONE

The actual distribution to wage claimants included above, if any, will be the proposed payment less applicable withholding taxes (which will be remitted to the appropriate taxing authorities).

Timely claims of general (unsecured) creditors totaling \$ 419,502.06 have been allowed and will be paid pro rata only after all allowed administrative and priority claims have been paid in full. The timely allowed general (unsecured) dividend is anticipated to be 0.0 percent, plus interest (if applicable).

Timely allowed general (unsecured) claims are as follows:

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
1	Medin Corporation	\$ 3,068.90	\$ 0.00	\$ 0.00
2	IRS	\$ 0.00	\$ 0.00	\$ 0.00
3	Finishing Innovations	\$ 1,343.04	\$ 0.00	\$ 0.00
4	United Parcel Service	\$ 827.38	\$ 0.00	\$ 0.00
5	Custom Wire Technologies Inc	\$ 10,509.90	\$ 0.00	\$ 0.00

Claim No.	Claimant	Allowed Amount of Claim	Interim Payments to Date	Proposed Payment
6	Tigard Sub LLC	\$ 15,126.75	\$ 0.00	\$ 0.00
7	Dr. Richard Edelson	\$ 307,526.19	\$ 0.00	\$ 0.00
8	Knight Mechanical Testing Llc	\$ 19,690.00	\$ 0.00	\$ 0.00
9	Minimachine	\$ 20,587.43	\$ 0.00	\$ 0.00
11	Finishing Innovations, Llc	\$ 1,342.56	\$ 0.00	\$ 0.00
13	PAQISM International	\$ 4,500.00	\$ 0.00	\$ 0.00
14	Impact Medical Partners,Llc	\$ 4,500.00	\$ 0.00	\$ 0.00
15	NW NATURAL	\$ 146.60	\$ 0.00	\$ 0.00
16A	Sarah Burkitt	\$ 30,333.31	\$ 0.00	\$ 0.00

Total to be paid to timely general unsecured creditors \$ 0.00

Remaining Balance \$ 0.00

Tardily filed claims of general (unsecured) creditors totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and timely filed general (unsecured) claims have been paid in full. The tardily filed claim dividend is anticipated to be 0.0 percent.

Tardily filed general (unsecured) claims are as follows:

NONE

Subordinated unsecured claims for fines, penalties, forfeitures, or damages and claims ordered subordinated by the Court totaling \$ 0.00 have been allowed and will be paid pro rata only after all allowed administrative, priority and general (unsecured) claims have been paid in full. The dividend for subordinated unsecured claims is anticipated to be 0.0 percent.

Subordinated unsecured claims for fines, penalties, forfeitures or damages and claims ordered subordinated by the Court are as follows:

NONE